

Hypertension Supplementary Statement

This statement should be completed by the person to be assured.

Full name:

Proposal No.:

Date of birth:

Please answer each question and where appropriate provide particulars.

1. When was your hypertension first diagnosed?

2. What treatment are you presently receiving?

3. During the past two years, has the drug and the dosage of medication changed?

4. Have you ever been in the hospital due to hypertension since you received treatment?

5. How frequently do you get your blood pressure checked? (please provide sample readings over past 2 years)

| Date Treatment | | Readings Systolic/diastolic |
|-------------------|--|------------------------------------|
| | | |
| | | |
| | | |

6. Have you ever had

- A) Problems with your vision?
- B) Circulation problems with your legs?
- C) Cardiac problem/cardiomegaly?
- D) Hyperlipidaemia?
- E) Cerebral vascular disease?

F) Diabetes

G) ECG Abnormalities/Renal disorder?

If so, please specify:

7. Do you suffer from any other complaints?

If so, please give details:

8. Date and Reports of any other investigations if done:

| Name of the | Test | Date |
|-------------|-------------|--------|
| Results | ECG | |
| | X Ray Chest | |
| | | TMT |
| | | Others |

9. The number of cigarettes and/or the quantity of alcohol intake, Incase you smoke and / or drink?

I hereby declare that the above answers and statement are true and complete and agree that this questionnaire together with the proposal dated _____ shall form part of the contract between me and the company. _____

Signature of the person to be assured

Place

Date

Please enclose any investigation reports which may have been conducted.